

Comptroller's Directive No. 2-04
Attachment 28
Report of Financial Condition

Purpose	Chapter 943 of the Acts of Assembly of 2004, Section 4-9.00 provides each office handling State funds shall, upon the request of the Auditor of Public Accounts, make a detailed statement, <u>under oath</u> , of the financial condition of his office. This attachment is similar to prior year's Attachment 29.
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Applicable agencies	All agencies must follow these attachment instructions.
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Due date	October 21, 2004
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Submission requirements	SUBMIT INFORMATION TO THE AUDITOR OF PUBLIC ACCOUNTS <u>ONLY</u>.
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APA requests no Faxes!

For paper submissions and page 3 of this attachment (all paper submissions must be sent to APA no later than October 21, 2004):

Mail to: Walter J. Kucharski
 Auditor of Public Accounts
 P.O. Box 1295
 Richmond, VA 23218-1295

For E-mail submissions (only for those items not previously submitted):

E-mail Address: APAFinRept@apa.state.va.us

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**Providing
required
information**

Financial Statement Template Agencies:

- Send a copy of the financial statement templates to the APA.
- Send copies of all other DOA submissions to APA **(if not previously submitted)**.

Other Financial Data Agencies:

- If the agency is required to prepare financial information only by the Office of the Comptroller's Directive No. 2-04 send the following to the APA:
 1. CARS final trial balance (ACTR 402, Option B1)
 2. CARS reconciliation certification
 3. Send copies of all other DOA submissions to APA **(if not previously submitted)**.
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**Notarized
statement**

The following oath should be mailed (not e-mailed or faxed) to the Auditor of Public Accounts:

“I hereby affirm that the financial statements or information submitted are true and correct to the best of my knowledge and belief.”

Signature

Title

Agency Name

The oath should be administered by a notary or other officer authorized by Section 49-4 of the Code, and such notary or other officer should complete a certificate in substantially the following form:

State of Virginia; City / County of:

This is to certify that _____ on this _____ day of _____, 2004, took and subscribed the foregoing oath required by the laws of the Commonwealth.

Name of Notary

Title

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